

2020 Annual Illinois HIV Integrated Planning Council (IHIPC) Calendar of Activities_ 4/16/2020

○ Face-	to-face meetings) Webinars	○ Tra	inings: Required	d for All and/or N	ew Members	Email Prese	ntations/Discussions		
January- February	Mon, March 16 th	Tues, March 17 th	Wed., March 18 th	Thurs, April 30 th	Thurs, June 25 th	Thurs, Aug 20 th	Sept. (All members complete by Oct. webinar)	Mon., Oct 26 th	Tues., Oct 27 th	Thurs, Dec. 10 th	Thurs, Dec. 17
Trainings to be completed by IHIPC members in Jan-Feb 2020	11:30 – 4:30 pm In-person Mtg Location	8:30 am-4:30 pm In-person Mtg Location	8:30 – 11 am In-person Mtg Location	IHIPC webinar 9:30 am- 12:30 pm	Email Presentations/ Discussion	IHIPC webinar 9:30 am- 12:30 pm	Online Training: Overview: Care Interventions, Strategies, and Best Practices – 30 min	11:30 am -4:30 pm IHIPC Mtg. Springfield (MCLI)	8:30 am -1:30 pm IHIPC Mtg. Springfield (MCLI)	IHIPC webinar 9:30 am – 12:30 pm	Training: IHIPC New Member Orient. webinar 9a-12p and 1-4p
Webinar: Basic HIV Epidemiology/ Using Data for HIV Prevention	Working lunch	Results of Current Member Demographic Survey & 2019 Satisfaction Survey -40 min/ 10 min discussion	Welcome; Overview of Day – 15 mins	Increase Access to Health Care and Improve Health Equity: Linkage: 2020 Care Grant,	Measuring Our Progress Through Data: FFY 19 HIV Care/Prevention Service Delivery &	Increase Access to Health Care and Improve Health Equity: Linkage: 2021 Prevention Grant	Online Training: Overview: HIP & HIV Prevention Interventions Services -60 min	Regional Care/Prevention Lead Agent Updates – 45mins	Measuring Our Progress Through Data: Updated State/Regional HIV Care Continua – 45 mins	Measuring Our Progress Through Data: Overview of Illinois' 2020 Integrated Plan Progress Report and Updated 2020 Plan -40 min with 20	
Planning – 60 min (part of New Member Orientation)	Welcome and Introductions – 45 mins	Update: GTZ-IL Implementation-20 mins Public Comment Period – 10 mins		Budgets and Integrated Plan– - 30 mins/15 mins for discussion	Mapping – 50 mins /10 min discussion	and Integrated Plan/ HIV Prevention Regional Gap Analysis – 45 mins with discussion		Increase Access to Health Care and Improve Health Equity: Discuss Proposed 2021 I&S Guidance - 30 mins/15 min for discussion/vote		min discussion	
Webinar: Conflict of Interest; IHIPC Meeting Process,	IHIPC Liaisons – Overview of Programs and Relevance to HIV Planning -30 mins	HIV Section Updates - 10 mins Regional	Build the Future Workforce: Leadership Development Training - 45 mins Leadership Development Training - 45 mins	Improve Health Equity: Recommended 2021-2023 Priority Pops for Targeted Prevention Services –30 mins/15 mins for discussion/vote Public Comment Period -15 mins	Overview: Current Membership Demographics/Gap Analysis for 2021 Membership (2021 Membership Cycle will begin July 1) – 30 mins	Results: Risk- Targeted Focus Groups – 45 mins with discussion Improve Health Equity: HIV Testing Data Analyses/Other Research/ Recommended 2021- 2023 Risk Group Definition Changes- 45 mins/ 15 mins for discussion/vote		IDPH and Liaison Updates - 30 mins Improve Health Equity:	Measuring Our Progress Through Data: Overview of NHAS 2020 Indicators and Update on our 2020 Progress- 45 mins	Overview of 2021 IHIPC Committee Objectives – 30 mins	
Robert's Rules of Order-60 min (part of New Member		Care/Prevention Lead Agent Updates –60 minutes						GTZ-IL Through Provision of Minority Health Services -30 mins/15 mins for discussion/vote			
Orientation)	Measuring Our Progress Through Data: Illinois HIV Epi Trends-30 min/ 30 min discussion	Improve Health Equity: Addressing Stigma in HIV – 30 min/ 30 min discussion						2020 RWPB Client Survey Results – 45 mins	Break – 15 minutes	Overview of Leadership Roles and Selection of 2021 IHIPC Leadership -30 mins.	
Gender Language Training-60 min	Break 15 mins	Working lunch – 45 mins	Leadership Development Training – 45 mins	CCA. II Description	CSA: IL HIV care/ prevention 2020 resource inventory			Break – 15 mins	Integrated Plan Concurrence Overview, Discussion, and Vote – 30	Overview of Plans in 2021 for 2022-2026 Integrated Plan development -30 mins	
(part of New Member Orientation)	Care for Linked Conditions: Addressing Illinois' STD Epidemic to	Improve Health Equity: Addressing Racism in HIV Workforce 30 min/ 30 min discussion		CSA: IL Prevention CBA Plan 20 mins				Increase Efficiency Through Governmental Coordination: Liaison Update – St. Louis Planning	mins Public Comment Period –	Public Comment Period –	
Online: IL Open Meetings Act Training – 60	GTZ-IL 30 min/ 30 min discussion	Committee breakout meetings – 60 mins						Council -30 mins/15 mins for discussion/vote	15 mins	15 mins	
mins (part of New Member Orientation)	Increase Access to Health Care and Improve Health Equity: Regional Comm. Engagement Mtg NA Results -45 min/ 15 min discussion	Care for Linked Conditions: Liaison Update: IPHCA - Leveraging Opportunities to GTZ- IL - 30 min/ 30 min discussion			Public Comment Period -15 mins			Care for Linked Conditions: Addressing HIV & Aging to GTZ-IL 30 min/ 30 min discussion	Present/Vote on Proposed Changes to the IHIPC Bylaws – 20 mins		
		improve Health Equity: Addressing Racism and Discrimination in HIV 30 min/ 30 min discussion						Committee Breakout Meetings (Finalize 2021 Objectives) –45 mins	Results & Vote: 2021 New Member Selection – 30 min		



Members and Community stakeholders: You will need to register at the specified link below for each webinar meeting in which you wish to participate. After registering, the participant will receive a confirmation												
email containing information about joining the meeting.												
Date:	Mon, March 16th	Tues, March 17 th	Thurs, April 30 th	Thurs, June 25 th	July training	Thurs., Aug. 20th	Sept. training	Mon., Oct. 26th	Tues., Oct. 27 th	Thurs. Dec. 10 th	Thurs., Dec. 17 th	
Registration	http://bit.ly/IHIPCMa	http://bit.ly/IHIPC	Please contact	Please contact	Please contact	Please contact	Please contact	Please contact	Please contact	Please contact	Please contact	
Link:	rch2020meeting	March2020meeting	janet.nuss@illinois.	janet.nuss@illinois.	janet.nuss@illinois.	janet.nuss@illinois.	janet.nuss@illinois.g	janet.nuss@illinois.	janet.nuss@illinois.gov	janet.nuss@illinois.gov	janet.nuss@illinois.gov	
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			information	information	information	information	information	information				

The primary task of the IHIPC is to partner with IDPH to address how the jurisdiction can collaborate to accomplish the National HIV/AIDS Strategy and the Getting to Zero Illinois goals and objectives. The primary goal of the IHIPC is to inform the development and update of the Illinois Integrated Plan for HIV Prevention and Care.

Standing Committees	Prevention	Epi Profile and	Community Services Assessment	Gap Analyses	Priority
	Strategies &	Health Disparities	(CSA) Activities		Populations
	Interventions	Data			
Monthly conference calls;	IHIPC presentations	Description of the	Process to determine jurisdictional	Process led by IDPH, with	The multi-step
break-out meetings during	and discussions	HIV/AIDS and	needs, gaps, barriers, and	input from the IHIPC	process to
face-to-face IHIPC	about prevention	HIV/STD co-	challenges associated with HIV	Committees, to 1).	identify and
meetings; work to	strategies and	infection epidemic	prevention and care services for	Determine gaps between	define the
complete committee	interventions and	in Illinois. Epi Profile	PLWH and populations at highest	the HIV/AIDS epidemic and	populations
objectives; present	associated	data is updated	risk of HIV infection. Includes	HIV prevention and care	prioritized for
findings to IHIPC.	recommendations	annually by the HIV	review of the current resource	service delivery in the	targeted
 Epidemiology/Needs 	to address the NHAS	and STD Sections	inventory, analyses of needs	jurisdiction, and 2).	prevention
Assessment	goals for	and supplemented	assessment activities	Determine gaps in IHIPC	strategies and
2. Primary Prevention	consideration for	with data such as	collected/conducted during the	membership. IDPH	interventions
3. Linkage, Retention,	inclusion in the	Unmet Need, MMP,	year, review of other applicable	presents the results of the	efforts in the
Reengagement,	Integrated Plan.	Continuum of Care,	needs assessment data from other	gaps analysis to the full	upcoming year.
Antiretroviral Therapy,		social determinants,	agency/program areas, and	IHIPC and solicits	
and Viral Suppression		and applicable	identification of strategies to	recommendations and	
4. Membership		research.	address needs, gaps, barriers, and	input.	
			challenges.		



Six Domains of the GTZ-IL Plan:

I. Build the Future Workforce

The HIV health care and public health workforce is the backbone of our HIV service delivery system, providing needed services to individuals living with or vulnerable to HIV. As scientific and practical knowledge changes, our workforce must learn new approaches and adapt to the evolving needs of people living with or vulnerable to HIV.

II. Increase access to health care

People must know that HIV services are available to them and can bring value to their lives. Regardless of HIV status or where a person receives services, people screened for HIV must be linked to high-quality health care services that support use of ARV medications for HIV treatment or PrEP, as well as other services necessary to achieve health and wellness. After connecting to health care, people must receive needed support to stay connected and to use ARV medications consistently and correctly.

III. Improve Health Equity

The data are clear: grave disparities exist in the HIV epidemic. These disparities map to race, ethnicity, sexual orientation, gender identity, age and a person's other lived experiences. We must use data to define which communities face the greatest disparities and in what context. With this information, we can set tangible and aggressive targets. The first set of goals and strategies in this section define the population-based metrics that will guide investments in our effort to build health equity. report back actual advancement toward goals. All goals and strategies have a target completion date of 2023, unless otherwise noted.

IV. Increase Efficiency Through

Governmental Coordination

State and local public health departments play a key role in organizing, funding, monitoring and improving quality programs and services for individuals living with or vulnerable to HIV. When these institutions intentionally and effectively coordinate with each other, the overall HIV service system is more efficient, expansive and effective.

V. Care for Linked, Co-occurring Conditions

People living with or vulnerable to HIV often need services beyond those that address HIV alone. Many need comprehensive behavioral health care (including mental health and substance use treatment), screening and treatment for sexually transmitted infections (STIs), and vaccination against sexually transmittable or communicable diseases such as viral hepatitis and meningitis. Appropriate, timely and seamless care for these and other conditions helps individuals maximize HIV services and achieve positive health outcomes.

VI. Measuring Our Progress

Through Surveillance and Other Data

Our success relies on our ability to define, measure and evaluate key goals and strategies. Where available, outcomes data will be essential to measuring progress. When competing data systems exist, they should communicate and offer seamless integration to avoid duplication of efforts. Collecting meaningful and timely data at state, city and community levels will be essential to tracking GTZ-IL's progress and ensuring the 20+20 Target is achieved.